

## Conditions of Participation and Waiver Form

**Participant's Name** (First & Last) \_\_\_\_\_

### PART ONE

1. I fully understand, acknowledge and agree to be bound by all the rules and regulations, policies and procedures established for Participants in the 2010 Ontario Winter Games.
2. I, the undersigned, personally and on behalf of my heirs, executors, administrators and assigns, hereby release and forever discharge the following:
  - a) The Provincial Sport Organization (PSO)
  - b) The 2010 Ontario Winter Games Organizing Committee and its partners, including but not limited to all accommodation facility owners, all Games venue owners, and Games sponsors
  - c) The Sport Alliance of Ontario
  - d) The Ontario Ministry of Health Promotion
  - e) The municipalities of the Town of Bracebridge, Township of Georgian Bay, Town of Gravenhurst, Town of Huntsville, Township of Lake of Bays, Township of Muskoka Lakes, District of Muskoka, Town of Collingwood, City of Sudbury, their sponsors and volunteers, respective officers, directors, agents, representatives or successors, from any or all claims or demands that I have, or my heirs, executors, administrators, assigns or any third party may have, for personal injuries, death and property damage of any nature whatsoever, arising by reason of my participation in any activity of the 2010 Ontario Winter Games.
3. I have read and agree to abide by the 2010 Ontario Winter Games Policies, the Code of Conduct, which I received from my PSO. I understand the importance of these policies and will abide by them at all times.
4. I understand that a \$70.00 + GST registration fee is to be paid by the PSO to the 2010 Ontario Winter Games Organizing Committee for each athlete to participate in these Games.
5. I grant to the Sport Alliance of Ontario and to the Games Organizing Committee for the 2010 Ontario Winter Games the right to use any written information (not including medical information), photographs, videotape or other visual media of me taken during the 2010 Ontario Winter Games for the purposes of furthering Ontario Games objectives. I agree that the Ontario Winter Games can post my name on the website for the purpose of promoting the Games and results. I agree that the Official Ontario Winter Games photographers may use the photos taken of me during the 2010 Ontario Winter Games in their portfolio as samples of work to show prospective clients.

**I will ensure that the PSO for \_\_\_\_\_ (sport in which participant is registered) has any necessary medical information (i.e. allergies, etc.).**

**I understand that guardianship of athletes will remain with the PSO.**

**I have read the above statements, understand them, and my signature confirms acceptance of them. I attest and verify that I have full knowledge of the risks involved in participation and that I am physically fit and able to participate in the said events.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

**Signature of Participant** (or parent/guardian signature if Participant under 18 years of age – refer to Pg 2)

\_\_\_\_\_  
**Name of Participant or parent/guardian** (print first & last name)

**Signature of Witness** \_\_\_\_\_ **Witness Name** (print) \_\_\_\_\_

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### PART TWO (if Participant under 18 years of age)

#### **AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for Qualified Medical Personnel (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the Participant and issue consent for any X-ray, anesthetic, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the province in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 2010 and expiring on the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Parent/Guardian Signature

**The information requested on this form is required as part of the registration procedure for the 2010 Ontario Winter Games and will be used exclusively in connection with the Games and subject to the provisions of the Freedom of Information and Protection of Privacy Act.**